

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILED DATE

10559914

CLAIMS

AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT		AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.											
TOTAL DEP.											
TOTAL CLAIMS											

U.S. DEPARTMENT of COMMERCE